



# After Care Registration Form 2023-2024

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

## Please list the individuals who may pick up your child from the After Care Program

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_